Form <b>990-T</b>	Exempt Organization B	ușine	ss Income T	293933 ax Return	13	158450687 9			
A		2018							
, es	For calendar year 2018 or other tax year beginning								
Department of the Treasury Internal Revenue Service	■ Go to www irs gov/Form990T for instructions and the latest information ■ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)  Open to Public Inspection for 501(c)(3) Organizations Only								
A Check box if address chang		ne changed	and see instructions.)		(Empl	oyer identification number loyees' trust, see actions)			
B Exempt under section	Print COMMUNITY ACTION PAR	TNERS	HIP		5	2-1120274			
$\mathbf{X}^{501}(\mathbf{c}_{\mathbf{M}3}^{\mathbf{M}3})$	or Number, street, and room or suite no. If a P.O.	box, see ır	structions.			ated business activity code nstructions)			
408(e)220	(e) Type 1020 19TH STREET, NW	, NO.	700		,	,			
408A530	' '	-	n postal code						
529(a)	WASHINGTON, DC 2003				<u>900</u>	099			
C Book value of all assets at end of year	F Group exemption number (See instructions.		504(2) 4	404(a)		Other truet	U		
	, 301. G Check organization type X 501(c)	corporation		401(a)		Other trust	-1		
	he organization's unrelated trades or businesses.   EDISALLOWED FRINGE BENEF.	T T T C		the only (or first) uncomplete Parts I-V.					
	to blank space at the end of the previous sentence, complete			-					
business, then compl	, , , , , , , , , , , , , , , , , , , ,	o rants ran	u II, complete a schedul	o W TO Bach addition	ai ii aut	) UI			
	vas the corporation a subsidiary in an affiliated group or a p	arent-subs	diary controlled group?	<b>&gt;</b>	Ye	es X No			
•	ne and identifying number of the parent corporation.	aront odoo	diary deminence group	,	· ·				
	of ▶ DENISE HARLOW		Teleph	one number 🕨 (	202	)265-7546			
Part I Unrela	ted Trade or Business Income		(A) Income	(B) Expenses		(C) Net			
1a Gross receipts or	sales					1			
<b>b</b> Less returns and a	allowances c Balance	<b>▶</b> 1c				1			
2 Cost of goods sole	d (Schedule A, line 7)	2				İ			
3 Gross profit. Subt	ract line 2 from line 1c	3		_					
4a Capital gain net in	come (attach Schedule D)	4a		•					
<b>b</b> Net gain (loss) (Fo	orm 4797, Part II, line 17) (attach Form 4797)	4b							
c Capital loss deduc	tion for trusts	4c							
	n a partnership or an S corporation (attach statement)	5	<del></del>	, i white t					
6 Rent income (Sch	•	6		<del></del>					
	anced income (Schedule E)	7				<del> </del> .			
nterest, annuities	royalties, and rents from a controlled organization (Schedule	·							
9 Investment incom	e of a section 501(c)(7), (9), or (17) organization (Schedule			<u></u>		·			
	activity income (Schedule I)	10							
11 Advertising incom		11				<del> </del>			
<b>t</b> 3	einstructions; attach schedule) nes 3 through 12	13	0.			<del></del>			
	tions Not Taken Elsewhere (See instruction				!				
	or contributions, deductions must be directly connec			s income )					
214 Compensation of	officers, directors, and trustees (Schedule RECEIV	ÆD.			14				
Salaries and wag			ပ္ကို	ļ	15				
16 Repairs and mair	itenance NOV 0.5		S	ĺ	16				
7017 Bad debts	NOV 0 5	2019	, .		17				
18 Interest (attach s	chedule) (see instructions)		Σ	ļ	18				
19 Taxes and license	OGDEN,	UT	]		19				
20 Charitable contrib	outions (See instructions for limitation rules)			•	20		1		
21 Depreciation (atta			21						
22 Less depreciation	claimed on Schedule A and elsewhere on return		22a	١	22b	<del></del>			
23 Depletion					23				
	deferred compensation plans				24	<del></del>			
25 Employee benefit					25				
•	kpenses (Schedule I)				26				
	p costs (Schedule J)			}	27				
	(attach schedule)				28	0.			
	Add lines 14 through 28	tract line Of	) from line 12		29 30	0.			
	os taxable income before net operating loss deduction. Sub				31				
	operating loss arising in tax years beginning on or after Ja	muary 1, 20	10 (200 111211 010110112)	i	32	0.			
	ss taxable income. Subtract line 31 from line 30  For Paperwork Reduction Act Notice, see instructions.				J <u>L</u>	Form <b>990-T</b> (2018)			
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Form **990-T** (2018)

Form 990-	001210-1002 1101 2011 212(2112101121			<u>52-11</u>	<u>.2027</u>	4		Page
Part	II Total Unrelated Business Taxable Income							
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	ee instru	ictions)		33			0
34	Amounts paid for disallowed fringes	34_		5,9	<u> 30</u>			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions)			35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si	um of						
	lines 33 and 34	36		5,9	<u>30</u>			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,0	000			
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 3	36,						
	enter the smaller of zero or line 36				38		4,9	<u> 30</u>
Part	V Tax Computation							
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)			<b>&gt;</b>	39	<u> </u>	1,0	<u> 35</u>
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	on line 3	38 from:		\- <del>-</del>	}		
	Tax rate schedule or Schedule D (Form 1041)				40	ļ		
41	Proxy tax See instructions				41	<del></del>		
42	Alternative minimum tax (trusts only)				42			
43	Tax on Noncompliant Facility Income See instructions				43	<del></del>		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		<del> </del>		44	<u> </u>	1,0	35
Part \		T T			7	<del></del>		
_	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a						
b	Other credits (see instructions)	45b				Ì		
C	General business credit. Attach Form 3800	45c						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d_			-			
	Total credits. Add lines 45a through 45d				45e	<del></del> -	1,0	2 5
46 47	Subtract line 45e from line 44  Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 886	ee [	Other (-1)	4	46		1,4	33
47 48	Total tax Add lines 46 and 47 (see instructions)		J Other (atta	ch schedule)	48		1,0	35
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				49	<del>-</del>	<u> </u>	0
	Payments: A 2017 overpayment credited to 2018	50a			43			
	2018 estimated tax payments	50b						
	Tax deposited with Form 8868	50c	<del></del>		_			
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		<u> </u>				
	Backup withholding (see instructions)	50e			_			
	Credit for small employer health insurance premiums (attach Form 8941)	50f						
	Other credits, adjustments, and payments Form 2439							
	Form 4136 Other Total	50g						
51	Total payments. Add lines 50a through 50g	<u> </u>			51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached				52			44
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			<b>&gt;</b>	53		1,0	79
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			<b>&gt;</b>	54			
<u>55</u>	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refund	led 🕨	55			
Part \	I Statements Regarding Certain Activities and Other Information	on (see	nstructio	ns)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature $\boldsymbol{\theta}$	or other	authority				Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may ha	ive to file					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign (	country					
	here							X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	to, a foreig	n trust?				X_
	If "Yes," see instructions for other forms the organization may have to file							
<u> </u>	Enter the amount of tax exempt interest received or accrued during the tax year > \$							<u> </u>
Cian	Under penalties of perjuly, I declare that I have examined this return, including accompanying schedules and st correct, and complete declaration of preparer (other than taxpayer) is based on all information of which prepare	tatements e <u>r has an</u> y	s, and to the b y knowledge	est of my kn	owledge ai	nd belief, it is	s true,	
Sign Here		XECU	JTIVE		May the IR	S discuss thi	ıs return	with
Hele	OFFICER Little					er shown belo		٦
	Signature of officer Date Title	••				s)? X Y	es [	No
	Print/Type preparer's name Preparer's signature Date	е	Che		ıf PTII	N		
Paid	THE COUNTY OF WAY	/20		- employed	- 1	00633	204	
Prepa	C TOTAL CROSSED TIC	/20/				<u>00633</u>	3U4	
Use C	nly Firm's name ► HAN GROUP LLC		- Fir	m's EIN ▶				
	1020 19TH STREET, NW, SUITE 80	U			(202	<b>\</b> 202	70	00

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Schedule A - Cost of Goods Sold.	Enter method of inve	ntory valuation N/A		<del></del>	_
1 Inventory at beginning of year 1		6 Inventory at end of year		6	
2 Purchases 2		7 Cost of goods sold S	ubtract line 6		
3 Cost of labor 3		from line 5. Enter here			
4a Additional section 263A costs		line 2	7		
(attach schedule) 4a		8 Do the rules of section	263A (with respect to	Yes N	0
b Other costs (attach schedule) 4b		property produced or a	acquired for resale) apply to		<b>-</b>
5 Total Add lines 1 through 4b 5					
Schedule C - Rent Income (From (see instructions)	Real Property an	d Personal Property	Leased With Real Pr	operty)	
1 Description of property					
(1)					
(2)		<del></del>			
(3)		<u> </u>			
(4)			<del></del>		
	nt received or accrued		3/a) Deductions direc	ctly connected with the income in	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	' of rent for	and personal property (if the percent personal property exceeds 50% or if int is based on profit or income)	age   Columns 2/a)	) and 2(b) (attach schedule)	
(1)					
(2)					
(3)					
(4)					
Total	O . Total		0.		
(c) Total income Add totals of columns 2(a) and 2 here and on page 1, Part I, line 6, column (A)	?(b). Enter		(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)	· <b>&gt;</b> 0	).
Schedule E - Unrelated Debt-Fina	nced Income (see	instructions)	···		_
		2 Gross income from	to debt-fina	connected with or allocable anced property	
Description of debt-financed prop	perty	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(D) Other deductions (attach schedule)	
(1)					
(2)					
(3)					
(4)					
debt on or allocable to debt-financed	Average adjusted basis of or allocable to lebt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of column 3(a) and 3(b))	
(1)		%			
(2)		%			
(3)	·	%			
(4)		%			
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals		•		0.	).
Total dividends-received deductions included in	column 8	•			) .

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1. Nam	e of controlled organizat	ion	2 Emp	lovor	2	_			- T			^ -
(1)			identific numb	ation		related income e instructions)	<b>4</b> Tota payn	al of specified nents made	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
				<del>-</del>								
(2)												
(3)												
(4)	<u> </u>											
Nonexempt	Controlled Organi	zations			,							
<b>7.</b> ∕ Ta	xable Income		elated income instructions		9. Total	of specified pays made	nents	10 Part of colur in the controlli gross				ductions directly connected i income in column 10
(1)								· ·				
(2)				-								
(3)			_									
(4)												
								Add colum Enter here and line 8, c		1, Part I,	Enter h	ld columns 6 and 11 lere and on page 1, Part I, tine 8, column (B)
Totals							<b>&gt;</b>			0.		0
Schedule	G - Investme	nt Incom	e of a S	Section	501(c)(	7), (9), or	(17) Or	ganization	1			
<u>.                                    </u>	(see insti	ructions)										T _
	1 Desc	ription of incom	8			2 Amount of	ıncome	<ol> <li>Deduction directly connected (attach sched)</li> </ol>	cted	4 Set-a (attach so		5 Total deductions and set-asides (col 3 plus col 4)
(1)												
(2)						ļ					_	
(3)												
(4)												
						Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals					<u> </u>		0.					0.
Schedule	I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ad	vertisi	ng Income	•			
	escription of oited activity	2 Gro unrelated b income trade or bu	usiness from	directly o with pro of unr		4 Net incom from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)												
(3)				_								
(4)		Enter here page 1, F line 10, co	Parti,	Enter her page 1 line 10,	, Part I,		1		į			Enter here and on page 1, Part II, line 26
Totals	<b>▶</b>	P	0.		0.	<u> </u>						0.
	J - Advertisi					ممانطمه ع	Desi-					
Part I	ncome From I	-eriodica	ııs <del>K</del> epo	orted O	n a Con	Solidated	Dasis					2.72.1
1	Name of periodical		2 Gross dvertising income		3. Direct prising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	of 2 minus iin, compute	5. Circulati	on	6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)												
(2)												
(3)			_	_				<u></u>				
(4)												
		1		1				1	1			
	o Part II, line (5))	▶	_	) .	0	.		Į	1		l	0.

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	() <u> </u>		
Part II	Income From Periodicals Reported on	a Separate Basis (For each periodical listed	I in Part II, fill in
	columns 2 through 7 on a line-by-line basis)	•	

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)	_					
(4)	(					
Totals from Part I	▶ 0.	0.		•		0
r	Enter here and on page 1, Part I, line 11 col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 0.	0.		•	T	, 0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)	*	%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>•</b>	0.

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